

**POSITION APPLIED FOR:** \_\_\_\_\_

1. Last Name First Middle 2. Date

|    |           |    |                       |
|----|-----------|----|-----------------------|
| 3. | Telephone | 4. | Other Names Known by: |
|----|-----------|----|-----------------------|

5. Present Residential Address: Street, City, State, Zip Code

| 6:  | Yes | No |
|---|-----|----|
| U.S. Citizen or Authorized to work in the United States |     |    |

**7:**  
e-mail address

[illegible]

**9. FAMILY:** List in order showing relationship to the following; parents, guardians, stepparents, foster parents, parents-in-law, brothers, sisters, step-brothers and step-sisters. Include any others with whom you have resided or with whom a close relationship exists/existed.

| Relationship | Name | Address if Living |
|--------------|------|-------------------|
| FATHER       |      |                   |
| MOTHER       |      |                   |
|              |      |                   |
|              |      |                   |
|              |      |                   |
|              |      |                   |

**10. VEHICLE OPERATOR’S LICENSE:** Give the following information concerning all vehicle operators’ licenses you hold or previously held.

| License Class | Number | Issuing State | Expiration Date |
|---------------|--------|---------------|-----------------|
|               |        |               |                 |
|               |        |               |                 |
|               |        |               |                 |
|               |        |               |                 |

**HAVE YOU EVER HAD A LICENSE SUSPENDED OR REVOKED?** YES NO  
If yes, state violation, court, jurisdiction and date of conviction

**11. CONVICTION OF A CRIME\***  
Have you ever been convicted of a misdemeanor or felony? YES NO  
If yes, state violation, court, jurisdiction and date of conviction

**\*A conviction will not necessarily disqualify applicants from employment with the City. The City will make a determination as to applicant’s suitability for the position.**

**12. FINANCIAL STATUS:**

List all accounts during the past seven (7) years (savings, checking, loans, stocks, bonds, etc.).

| Account Type | Name and Address of Institution |
|--------------|---------------------------------|
|              |                                 |
|              |                                 |
|              |                                 |
|              |                                 |

**13. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS**

| Name and Address | Type<br>(Social, Fraternal, ETC.) | Office Held | Membership |    |
|------------------|-----------------------------------|-------------|------------|----|
|                  |                                   |             | From       | To |
|                  |                                   |             |            |    |
|                  |                                   |             |            |    |
|                  |                                   |             |            |    |
|                  |                                   |             |            |    |
|                  |                                   |             |            |    |

**14. SUBVERSIVE ORGANIZATIONS**

(YES/NO)

\_\_\_\_\_ Are you now, or have you ever been, a member of the Communist Party U.S.A., or any communist organization anywhere?

\_\_\_\_\_ Are you now, or have you ever been, a member of a fascist organization?

\_\_\_\_\_ Are you now, or have you ever been, a member of any organization, association, movement, group or combination of persons which advocate the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States or which seeks to alter the form of government of the United States by any unconstitutional means?

Have you ever been engaged in any of the following activities of any organization of the type described above: Contribution(s) to, attendance at, or participation in any organizational, social, or other activities of the said organizations or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities.

If you answered **YES** to **ANY** of the answers above, describe the circumstances. Attach additional sheets for a fully detailed statement. If associated with any of these organizations, specify the nature and extent of your association with each, including office or position held, also include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, list the individuals and organizations they were or are affiliated with.

## 15. EDUCATION

- A. List all elementary, junior high and senior high schools attended. Attach transcript from last high school attended.

| Name | Address | Graduated |
|------|---------|-----------|
|      |         | Yes No    |
|      |         | Yes No    |
|      |         | Yes No    |

- B. Higher Education: List all Colleges or Universities attended. Attach a transcript from the last institution attended.

| Name and Address | Course of Study | Attended Number of Years | Degree |
|------------------|-----------------|--------------------------|--------|
|                  |                 |                          | Yes No |
|                  |                 |                          | Yes No |
|                  |                 |                          | Yes No |
|                  |                 |                          | Yes No |

- C. Other schools or training (trade, vocational, military). For each school, provide the NAME and LOCATION of the school, dates attended, subjects studied, certificate earned and any other pertinent data.

| Name and Address | Course of Study | Attended Number of Years | Certificate/ Diploma |
|------------------|-----------------|--------------------------|----------------------|
|                  |                 |                          | Yes No               |
|                  |                 |                          | Yes No               |
|                  |                 |                          | Yes No               |
|                  |                 |                          | Yes No               |

**16. SPECIAL QUALIFICATIONS AND SKILLS**

- A. Indicate any type of special license such as pilot, radio operator, etc. List licensing authority, where the license was first issued and dates any current licenses expire.

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- B. Special skills you possess and machines and equipment you can use (For example, computer programmer, polygraph operator, vehicle inspection mechanic, scientific or professional devices).

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- C. Approximate number of words per minute: Keyboard \_\_\_\_\_ Shorthand \_\_\_\_\_

- D. Special qualifications not covered in the application: (For example; your most important publications, patents, inventions, public speaking, membership in professional or scientific societies, honors and fellowships received, etc.)

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**17. EMPLOYMENT:** Begin with your most recent job and list your work history for the past ten (10) years, including part-time, temporary, seasonal employment and all periods of unemployment.

| Date   | Name and Address | Job Title           | Reason for Leaving |
|--------|------------------|---------------------|--------------------|
| FROM   |                  |                     |                    |
| TO     |                  | DESCRIPTION OF DUTY |                    |
| SALARY | SUPERVISORS NAME | CO-WORKERS NAME     |                    |

| Date   | Name and Address | Job Title           | Reason for Leaving |
|--------|------------------|---------------------|--------------------|
| FROM   |                  |                     |                    |
| TO     |                  | DESCRIPTION OF DUTY |                    |
| SALARY | SUPERVISORS NAME | CO-WORKERS NAME     |                    |

| Date   | Name and Address | Job Title           | Reason for Leaving |
|--------|------------------|---------------------|--------------------|
| FROM   |                  |                     |                    |
| TO     |                  | DESCRIPTION OF DUTY |                    |
| SALARY | SUPERVISORS NAME | CO-WORKERS NAME     |                    |

| Date   | Name and Address | Job Title           | Reason for Leaving |
|--------|------------------|---------------------|--------------------|
| FROM   |                  |                     |                    |
| TO     |                  | DESCRIPTION OF DUTY |                    |
| SALARY | SUPERVISORS NAME | CO-WORKERS NAME     |                    |

|        | Name and Address | Job Title           | Reason for Leaving |
|--------|------------------|---------------------|--------------------|
| FROM   |                  |                     |                    |
| TO     |                  | DESCRIPTION OF DUTY |                    |
| SALARY | SUPERVISORS NAME | CO-WORKERS NAME     |                    |

| Date   | Name and Address | Job Title           | Reason for Leaving |
|--------|------------------|---------------------|--------------------|
| FROM   |                  |                     |                    |
| TO     |                  | DESCRIPTION OF DUTY |                    |
| SALARY | SUPERVISORS NAME | CO-WORKERS NAME     |                    |

If additional employer blocks are needed, please use attached sheets.

May we contact your current employer? Yes      No

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for any reason, or subject to disciplinary action while in any position? Yes      No

If "YES", state reason:

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Have you ever resigned after being informed your employer intended to discharge you for any reason?

Yes      No

If "YES", explain, giving name and address of employer, approximate date, and reasons in each case:

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### 18. MILITARY STATUS

Yes      No      Have you ever served in the U.S. Armed Forces?

Yes      No      Do you claim Veterans preference?

Yes      No      While in Military Services were you ever convicted for any crime graded as a misdemeanor or felony?

If "YES", give date, place, law enforcement agency or type of court or court martial, charge and action taken for each incident. (Use attached sheet.)

Yes      No      Are you presently a member of a U.S. Reserve or State Guard Organization?  
If "YES", complete the following:

Grade and Service number: \_\_\_\_\_

Service and Component: \_\_\_\_\_

Organization and Station Unit and address: \_\_\_\_\_

Describe any job related training received in the United States Military:

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**19. CHARACTER REFERENCES:** List five (5) character references. (**DO NOT** list relatives, former employers, or persons living outside of the United States.)

| Name | Address | Home Phone | Work Phone | Years Known |
|------|---------|------------|------------|-------------|
|      |         |            |            |             |
|      |         |            |            |             |
|      |         |            |            |             |
|      |         |            |            |             |
|      |         |            |            |             |

**20.** Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation?  
Yes    No    If "YES", give details.

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**21.** Have you ever applied for a position with any other governmental agencies? Yes    No  
If "YES", provide the details:

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USE THIS SHEET FOR YOUR ANSWERS IF NEEDED

